STATE OF MARYLAND—	CERTIFICATE OF DEATH 13040
1. PLACE OF DEATH	(12)
County Wiconico	Registration Dist. No. 333
Village or City Pennsula General Hospi	talyo. Saludruru Md St., /3 Ward death occurred in a hospital or institution, sive its NAME instead of street and number)
Length of residence in city or town where death occurred yr 34 hours	death occurred in a hospital or intitution, the its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
11 11 - 00	
C + C	DSt., Ward, Work.
(a) Residence: No. Dand Marlino, Mary by (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male while married.	(Month) (Oay) (Yaar)
5a. If married, widowed, or.divorced HUSBANO of (m) WIFE of CA A A A A A A A A A A A A A A A A A A	22. I HEREBY CERTIFY. That I attended daceased from
Com Miles Elizabeth Elfa Cidhens.	12-10- 1936 12-10- 1936
6. DATE OF BIRTH (month, day, and year) July 23 -1871	1 last saw h alive on 12 - 10 55
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, at3Pm
TO 7 11 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, STONE Keepen .	Sund furties buton
9. Industry or business in which	P: 1/20 10 10 11 11 11 11 11 11
work was done, as SILK MILL, SAW MILL, BANK, etc.	Duration: Not stately
O 10. Oate deceased last worked et this occupation (month and year) year)  H. Total time (years) 6-44-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-	
12. BIRTHPLACE (city or town) Worcester Co.	Other Cuntributory Causes of Importance:
(State or country) Mg.	
13. NAME hoal Coungton adhens.	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What tast confirmed diagnosis? Classical Was there an autopsy? 2
16. BIRTHPLACE (city or town) Unknown.	23. If death was due to external causes (VIOLENCE) fill in also tha following:
6. BIRTHPLACE (city or town)	Accident, sulcide, or homicida?
(State or country)	Whera dld injury occur? (Specify city or town, county and State)
(Address) Saint Martino, Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Quelen Md Oate Men/2, 1936	Nature of injury
19. UNDERTAKER 1:W. 13 uto 8	24. Was disease or injury in any way related to occupation of deceased?
(Address) / 3 et and	If so, specify
20. FILEO DEC 10, 1936 St. May Junes	(Signed) M. D.
Registrar.	(Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. ..

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1927	July 5, 1927	Peritonitis	3 days ago
GUSEAU V. S.			
Other contributory causes of importance:	Accessed of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

- 1	/ ADDITIONAL	SDACE EOD EI	IDMITTED COMAN	STATESTING DAY	DIEVOTOLA	NT.	
Min 1	ADDITIONAL ME	so sent to	How LIT	- News A	Ceman 1	huitoute	in
intestes	cross "in	extremis.	and chie	d in 3 k	after	Lugar	
		,			Ha	yanti	
					0		

STATE O	F MARYLAND—	CERTIFICATE (	OF DEA	TH j	3020
1. PLACE OF DEATH		210-Tm			201
County///Come			Registration D	ist No.	99
Village or City Salestee		No. death occurred in a horpital or institut	gerta, NAME	St.,	Ward
Length of residence in city or town where dea					
2. FULL NAME anders	Emil and	lusary U. S. Veteran,	enocify WAP		
(a) Residence: No R. A. O. #	£ 3 Delman	A Mard Ward	speeny water		
(a) Residence. No. 1.	(Usual place of abode)	T, ward.	If nonresident gi	ive city or town an	d State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Dec.	211	, 193 6 (Year)
ia. If married, widowad, or divorcad HUSBAND of	1				
(or) WIFE of	0.	22. I HEREBY			
m	200 8 1091	1	19, to		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   if LESS than	i last saw h aliva on to have occurred on the date state	120	5 £ 201	; death is said
40 9	/ 2   1 day,hrs.	The PRINCIPAL CAUSE OF DEAT		of importance	
8 Trade profession or particular	ormin.	ware as follows:			Date of onse
8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BDOKKEEPER, etc.	hint Mas	the same of the sa			
kind of work dona, as SPINNER SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  10. Date deceased as worked	t- 1				••
SAW MILL, BANK, etc.	igue pary				
tina yacayayaya (majitiyana)	11. Total time (years) years years	16.			
yea#///	occupation	Dther Cantributory Causes of impo	rtanca:		
12. BIRTHPLACE (city or town) (State or country)	clens				*-
13. NAME	nom				**
14. BIRTHPLACE (city or town)	/	Name of operation		Date of_	
(State or country)	enom-	What test confirmed diagnosis?		Was there an	autopsy?
15. MAIDEN NAME	-m-	23. If death was due to external cau	sas (VIOL ENCE) fill	in also the followi	pė:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)		Accidant, suicida, or homicide	sident p	of injury	2/1936
E (Stata or country)	non	Where did injury occur?	4 C. 4 T. C.	ا اسوما	
17. INFORMANT / R. Mea (Addrass) P. J. 10 + + 2 11	rey	specify whather a gry occurred to	INDUSTRY in How	own, county and St	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Dec. 22 1936	Manner of Injury Auto	and	lent	
19. UNDERTAKER Ny Gorges d	- 6 y	24. Was diseasa or injury in any w	ay related to occupat	tion of deceasad?_	No
(Address) Salvely	ma.	If so, specify	um Fr	4/ //-	_
20, FILED DEC 22, 1934	May unner Registrar.	(Signad) (Address)	strong of	WI OF	7 M.
If more bl	anks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Re	questing U/S. No. 1		DV-

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \\ G 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
BOW			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12.
County Miconico	Registration Dist. No. 333
Village or City Ellas	No. St., 7 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME ( laudia / //lly	caeison
(a) Residence: No. Qual A Soland (Usual place of abode)	7 St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Dec. 14 1936
5a. If married, widowed, or divorced	(Month) (Def) J (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended daceased from
n of the	Nec. 1, 1936 to Dec 14, 1936
6. DATE OF BIRTH (month, dey, end yeer) March 3, 1936	i last saw haliva oh
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated ebove, at
0 8 2/ ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPPR, etc.	
SAWYER, BDOKKEEPER, etc.	TANOLD DURGE OF M
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and	The way of the second of the second
0 10. Date deceased lest worked et this occupation (month and spant in this	
year) occupation	Other Coutributor Snurs of importence:
12. BIRTHPLACE (city or town) - Leals Island	Chronic Brouchetis & nus
(State or country)	
13. NAME Louis anderson	
13. NAME Louis Andlesson  14. BIRTHPLACE (city or town) Double Island	Neme of operation. Data of
(State of country)	What test confirmed diagnosisty-occurrence Was there an autopsy? R
15. MAIDEN NAME CLICCO Sauks  16. BIRTHPLACE (city or town) Aller Sauks  (State or country)	23. If deeth wes due to external causes (VIOLENCE) lift in also the following.
6 16. BIRTHPLACE (city or town) aller	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Waller Danks	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18, BURIAL, CREMATION, OR REMOVAL	
Place leals aslander Dec 15 1936	Manner of injury
Charch Cogn. 1.	Natura of injury.
19. UNDERTAKER CHANGE CALLERY (Address) aller File	34. Was diseaso or Injury in any wey related to occupation of deceased?
(Audiess), 14 21 / 10 1	(Signed) As Algubles Om, D
20. FILED DEC 1, 19 0 D. May June 1. Registrar.	(Address) Real Alexander Man
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	4	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FRECEIVED			
Other contributory causes of importance?		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 8. 8. V. S. 1			
The same of the sa			

ADDI	ITIONAL SPACE FOR FURTHER	R STATEMENTS BY	PHYSICIAN	11-10-16
Circlionsation	Stchange date 1	visila see	verthe certi	11.9/3/12
				, ,

item of infor-

FOR BINDING

MARGIN RESERVED

V. S. No. 1

should state

PHYSICIANS D. Every

of OCCUPA-

Exact statement UNFADING INK-THIS IS A PERMANENT stated EXACTL properly classified. certificate. AGE should be pe TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.—WRITE PLAI

19. UNDERTAKER

(Addrass)

Hustr	and was vesiling en Belmou, nd.
STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(in)
County Somewell WICOMICO	Registration Dist. No. 1
Village or City Creatilet Delmar	No. St. Ward
()	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or too where death occurredyrsmo	sds. How long In U.S. II ol foreign birth?yrsmosds.
2. FULL NAME May Co. 1 Stuford	1f U. S. Veteran, specify WAR
(a) Residence: No. O Cristically, Mid.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
Tenal While OR DIXORCED (write the word)	Z
5a. If marriad, widowed, or divarged HUSBAND of Or WIFE of Wif	22. HEREBY CERTIFY. That I attended deceased from 20 1934 to Par 11 1936
6. DATE OF BIRTH (month, day, and year) April Hat 1863	I last saw h 2 elive on 2002 11 ,1936; death is sein
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 1935 P.m.
73 8 7 1 dey,hrs.	
8 Trade of Office inn or particular	July ferry rine of Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	st fight t clume fine
10. Data daceased last worked at this occupation (month and year)	- fry was
12 BIRTURE ACE (situations)	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (Stata or country)	Coma (mune) 2 day
I 13. NAME JORCH Measley	
13. NAME HOOP Wheatley  14. BIRTHPLACE (city or toyn)	Name of operation
(State of country)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Oligabett Mice	23. If death wes due to external causes (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town).	Accidant, suicide, or homicida?
17. INFORMANT Mr. John Carman	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Deliver Nel  18. BURIAL, CREMATION OF REMOVALS	
Place Crisfield Ceneferata Dea 14, 1934	Manner of Injury
10 HADEOTAKED CON Lawson	24. Was disease or injury in any way related to occupation of deceased?

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastrocnteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

LETTER FILED 1/21/37 under Dr. Lynch changing place of death to Delmer, Md.-L.

8

STATE OF MARYLAND	CERTIFICATE OF DEATH 13023
1. PLACE OF DEATH	34 .
County Stellows County Stellows	Registration Dist. No. 353
Village or City Salvaluery Mad	No. St., 5 Ward of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sherley Bauce	If U. S. Veteran, specify WAR
(a) Residence: No. 101 Calfall (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 120 193 6
5e. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from September 127 1936 to December 12736
6. DATE OF BIRTH (month, day, end yeer) Self 27-19 36	I lest saw here alive on 1/36 , death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at9
0 2 4 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	Dats of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Congenital Sephelis
9. Industry or business in which work-was done, as SILK MILL, SAW MILL, BANK, etc	4
SAW MILL, BANK, etc	V
10. Date deceased last worked at this occupation (month and year)	
800	Other Contributory Causes of importance:
12. BirthPlace (city or town) Calledon (State or country)	
E 800	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME (Lea Baure)  16. BIRTHPLACE (city or town) Saluding  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ( La Caure )	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piacetubbe beneley M Date 10 ll 54 , 1936	
19. UNDERTAKER James 4 Slewart	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Salenbury and	If so, specify
20, FILED DEC 4, 19 36 & May Turner	(Signed) Tolean Cy to sleam M. D.
Registrar.	(Address) Decleshan Zeed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADY AND CEDTIFICATE OF DEATH

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1997	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:	(m = m II /	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state OCCUPA

should

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item

1. PLACE O

County LL

Village or

Langth of res

PERSON

2. FULL NA (a) Resider

5a. If married, widor HUSBAND of

6. DATE OF BIRTH

(or) WIFE of

8. Trede, profe kind of SAWYER

9. Industry or WORK WE SAW MI 10. Data decae

this occu

(Stata or country)

3. SEX

7. AGE

OCCUPATION

MOTHER

instructions on

is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13024
F DEATH	
	227
ulomilo-	Registration Dist. No. 33
ity salenlestry and Of do D.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
idence in city or town where deeth occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
ME Caffren Brewingle	If U. S. Veteran, specify WAR.
ice: No. Salisbury, Mil Both (Usus/place of abode) 9.	Ward.  If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha world)	21. DATE OF DEATH (Month) (Day) (Year)
ved, or divorcad	(month) (bay) (16at)
Willia Brewington	22. SI HEREBY CERTIFY That i attended deceased from 1936, to See 19, 1936
(month, day, and yaar Opril 14 1868	i jest saw her alive on Dee 14 1936: daath is said
ars Months Days If LESS than	to have occurred on the date stated above, and the stated above.
8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:
ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	Cerebral Horomboye 54736
business in which is done, as SILK MILL, LL, BANK, atc	
and last worked et / 11. Total time (years) spant in this occupation	
	Other Contributory Causes of importance:

year) / 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME

14. BIRTHPLACE (city or town). (State or country)

15. MAIOEN NAME 16. BIRTHPLACE (city or town)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKE (Addrass)

Nama of oparation... What test confirmed diagnosis? ...... Wes there an eutopsy?

23. If death was due to axternal causes (VIOLENCE) fill in also the following: Where did Injury occur?\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disaase or injury in any way related to occupation of deceased

If so, specify (Signad) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Registrar.

Nature of injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 6 1931	July 5,1927	Peritonitis	3 days ago	
MINEAU V.	اللية			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

5 I A I E OF MARYLAND	CERTIFICATE OF DEATH 13025
County lucange	13.2.2
Francis & 100 100 100 100 100 100 100 100 100 1	Registration Dist. No. 12.0.0
Village or City Atelenlengy	No Comment of the NAME instead of street and number)
Langth of residence in city or town where death occurred Lychain	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Firedulk Brunn	
10.0	If U. S. Veteran, specify WAR
(a) Residence: No./3//Table (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH See. 24
male a.a. wedowed.	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Ja Corent Brewn to	22.   HEREBY CERTIFY. That   attended deceased from
.0 + 0.	Xee 23 , 36 , 190
6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Oays If LESS than	last saw be alive on 9, 1935, death is said
f day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Valenday How & using Uniter
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data daceasad last workad at this occupation (month and spent in this spent in this	D. Terlinal water
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Garage 1 grows
10. Data daceasad last worked at this occupation (month and spent in this	
yaar) / 2-3-6 occupation . The	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Sale lung	Other Courses of Importance.
(State or country) & and	
II 13. NAME ? have bane	
14. BIRTHPLACE (city or town) Saleslung	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charlatte Brewer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MATOEN NAME Charlatted Brewing to 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Data of Injury 19
State or country)	Where did injury occur?
17. INFORMANT May Leal Breezenston	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Salaham Gold	
18. BURIAL, CREMATION, OR REMOVAL 200	Manner of injury
Place Janston Ulm ' Oata De 27, 193	Natura of injury
19. UNOERTAKER Joy Holewood, (Address) John Stewart And	24. Was disaasa or injury In any way related to occupation of deceased?
Dy 21 1. Hy	If so, specify Thousand Thousand
20. FILEO. Dec 2, 1936 W/ May James. Registrar.	(Signed) (Address) Queis Ly my
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 2027				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Example I			Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1. week ago	
Cerebral hemorrhage	JAN 6 1937	July 5, 1927	Peritonitis	3 days ago	
	BUNEAU V. S.			20 3 (2)	
Other contributory	causes of importance:		Other contributory causes of importance:	140 212	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TYNY TOTAL TOTAL	DIACE	TOIL	L. ORTHITIE	DIVITINITION	$\mathbf{D}$	FILISICIAN

8

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13927
1. PLACE OF DEATH	(50)
County Licanific	Registration Dist. No. 333
Village or City-Saleshaus	No. 701 Thalaut St. 5 Ward
Length of residence In city or town where death occurred 23 yrs, mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. il of foreign birth?yrsmosds.
2. FULL NAME Susie Victoria mal	Coofif U. S. Veteran, specify WAR
(a) Residence: No. 901 2 Kalaur (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 2. SEX 2. SEX 3. SEX 4. COLOR OR RACE CORDIVORCED ("write the word) 1. COLOR OR RACE OR DIVORCED ("write the word) 1. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dayles 51, Carper	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) (QV). H, 1888.	I last sew here elive on 10 15 19 36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:15Am.
48 // // I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as lollows:
8. Trade, profession, or particular kind of work done, as SPINNER, Al Thomas SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occuration (month and	Curagia Ath breat
work was done, es SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month and year) spent in this occupation (month and year)	
	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME George Xallas maley	-
13. NAME Geards Xallas Insley  14. BIRTHPLACE (city or town) - Agg -	Name of operation Date of
(Stele or country) / May and	What test confirmed diagnosis? Asset Massire (Was there an eutopsy?
15. MAIDEN NAME LUSAR P. Human  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) / May Chad	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Theful II. Chaples	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Alix kung Muglard.  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
freed AN Ceneday Fallshoops 17/17/3619	Manner of injury
19. UNDERTAKER The Will & Whain G.	24. Was disease or injury in eny way related to occupation of deceased?
(Address) La lis hund M.	If so, specify
20 FILED Dec 17 1936 It May Jumes	(Signed) 11 2 mm. D.

(Address) ...

Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
8(18)					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	<u></u>				

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

F.

UNFADING INK-THIS IS A PERMANENT I CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

fION is very important.

-WRITE PLAIL

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3028
County 1/17cemics	Registration Dist. No.	17
Village or City Tyaskin , ,	ND. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and	number)
	ds. How long in U.S. if of foreign birth?m	osds.
2. FULL NAME Segre Control of the	If U. S. Veteran, specify WAR	
(a) Residence: No	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>(</u> Yeer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended	deceesed from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.	to heva occurred on the data stated abova, at 4 1 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were explicits:	deeth is said
S. Hale, professing, or particular to the first processing of the first proces	Brancho-freumaniale Centres.	
12. BIRTHPLACE (city or town) Jefaskur (State or country)	Dither Contributory Causes of importance:	
13. NAME GENTAL A Hertson		
14. BIRTHPLACE (city or toyn) - lesters ville	Name of oparation Dete of	
(State of Country)	,What test confirmed diegnosis? Wes there an e	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)	23. If daeth was dua to externel ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicida? Date of injury Where did injury occur? (Specify city or town, county and Stat Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	,19
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury	****
Place Jupaken VII Date Selle 13, 1934	Neture of Injury	
19. UNDERTAKER MISS. Told Pession & Some 20. FILED Le 13, 1936 S. Worlford Walter	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) Delle Sields	M. D.
Registrar,	(Address) Awartunks	Zuel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
Y ~~ }						

T MOON W

2

	131				200
		Registra	tion Dist. No.		333
No.	Lake	,		C+	9 Ward
eath occurred	in a hospital or insti				umber)
ds.	How long in U.S. it	f of foreign birth	n?yrs	mo	sds.
	_If U. S. Vetera	n, specify WA	R		
St.,	Ward.	If nonre	ident give city	or town and	State
	MEDICAL	CERTIFIC	ATE OF D	EATH	
21. DAT	E OF DEATH	0001	. //		-
	A	MC.	14, (Da)		193.
		(WORLII)	/ (Da)	у)	(1680)
22.	IHEREB				7/
127		, 193.6c, to	Hope	41.4	, 190.
l last saw	alive on f	Quer.	1919	3(19	; death is said
	urred on the date sta	ated above, at	- 5- Em.		
The PRINC were as fol	IPAL CAUSE OF DE	ATH and related	d cause of impo	ortance	Date of onset
	D/ /	0			Date of oliver
(_	Spop	Rex	1	A	eclive
	///		1		
			<i>[</i>		
		V			
Other Cast	ributary Causes of im	portance of	2		
	Mes	mille			2415
	11/1/	A			7 415
	ywp	lsllus	LONG !		
Name of op	eration	me		_ Date of	
What test c	onfirmed diagnosis	yanu.		as there an a	utopsy?/LO
23. If death	was due to external	causes (VIOLEN	CE) fill in also t	the following:	
Accident, se	uicide, or homicide?_		Date of In	jury	19
Where did i	injury occur?				
Specify who	ether injury occurred	in INDUSTRY,	in HOME, or In	PUBLIC PLA	CE.
Manner of	Injury				
	njury				
	ase or injury In any	0		eceased?	ho
If so, speci	ty	TX		20	
(Signe	d)	10/2	eny	ory	- Mgo.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	0.40	Other contributory causes of importance:	200		
Gallstones	May 1,1923	Gastroenteritis	1 year		

2

BINDING

RESERVED

ARGIN

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Example I	ř	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN U	July 5, 1927	Peritonitis	3 days ago
BUYEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(137)
should of OCC	County lo comes.	Registration Dist. No. 333
sho of o	Village or City I ales buy, led	. No. 1 su - I suil, Hoors, Dwar
1 100	Length of residence in city or town where death occurredrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  G. ds. How long In U.S. If of foreign birth? yrs mos.
Ver AN nen	2. FULL NAME UM Graduer E. 3	Forman Dan
RD. Every YSICIANS statement	(a) Residence: No. 13 warning 1	D. Mari
Jessel .	(d) Residence: No. (Usual place of abode)	WardIf nonresident give city or town and State
RECO Fract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E. E.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH
ENT TLY ed.	Male water will smed	(Month) (Day) (Year)
RMANEN X A C T I classified.	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fro
MA A iss	(or) WIFE of Mary Gotley Fessenden	11-30- 1936 10 12-8- 1931
	6. DATE OF BIRTH (month, day, and year) Nov 9, 1856	I last saw h alive on 12 - 8 - 1936; death is sa
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \O'. 10m.
FOR IS A stated proper ertific	80 0 29 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER	Hypertrophies prostate Date of onse
ED Pe	kind of work done, as SPINNER ineofype peralor SAWYER, BOOKKEEPER, etc.  9. Industry or business In which	Justy Develous of
May back	work was done, as SILK MILL, SAW MILL, BANK, etc	Gladdy 394
S. S. P. S.	kind of work done, as SPINNER interlyse persons  8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	
RES VG I AGE that ons o	year) occupation	Other Cautributory Causes of importance:
F1 0 15	12. BIRTHPLACE (city or town)	Unemia Belative acute 5 do
GIN ADI ed. is, se truct	(State or country) Mass,	1790-7
	13. NAME Ashur, Fessenden	
M. H. U. Sulain t	13. NAME Aller Fessenden  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation. Date of 2-5
	(clase of country)	What test confirmed diagnosis? Was there an autopsy?
£	16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) filt in also the following:
AINLY, Id be car DEATH y import	O 16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
EA' FEA'	Belle Harrista	Where did injury occur? (Specify city or town, county and State)
	17, INFORMANT Delle feliciertal	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E () F	18. BURIAL, CREMATION, OR REMOVAL 7 X 11 MI	Manner of injury
ITE on s	Place Piverton, Mg Date Dec 11, 1936	Nature of Injury
-WRITE mation sl CAUSE TION is	19. UNDERTAKER Xt. St. Yraverson X Brs	24. Was disease or injury in any way related to occupation of deceased?
FOL	(Address) Sharplown, Ind.	If so, specify
	20, FILED Dec 9 1936 & May Turner	(Signed) Foldade M.
Z	Registrar.	(Address) B2 Mon of
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
		1000

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUNGALI V. S.	July 5,1927	Peritonitis	3 days ago
And the state of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	82.20	
County Miconico	Registration Dist. No. 356	
Village or City Lelmer	No. St Wa	ard
	death occurred in a horpital or institution, give its NAME instead of street and number)	
111.00	ds. How long In U.S. If of foreign birth?yrsmos	.ds.
2. FULL NAME John Shown Dordy	If U. S. Veteran, specify WAR	
(a) Residence No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male white maried	(Month) (Dey) (Yeer)	',
54. If merried, widowed, or divorced HUSBAND of		
(or) WIFE of Many Dordy	22.   HEREBY CERTIFY, That I attended deceased fr	om
6. DATE OF BIRTH (month, day, and year) Of I 8 1869	Mast sew have alive on De 11 1934; deeth is s	aid
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete steted ebove, et//	
67 / 3   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	
Z 8. Trede, profession, or perticular	Date of on 2 h	pot
kind of work done, es SPINNER, Jalust Safari	Civia / Civia	70
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, PR.  10. Dete deceesed lest worked et this occupation (month and this properties).		
1D. Dete deceesed lest worked et 11. Total time (yeers)		
o this occupation (month and yeer) - 2 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9		
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:	
(Stete or country) Manyland	Come \$76	bes.
13. NAME Samuel Bordy		
14. BIRTHPLACE (city or town)	Neme of operation Dete of	
(Stele of Country)	Whet test confirmed diegnosis? Wes there an autopsy?	
15. MAIOEN NAME Sarah Johnson	23. If deeth wes due to externel ceuses (VIDL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) (Stele or country)	Accident, sulcide, or homicide? Dete of injury, 19	
an lend	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT Any Company (Address) Delaman Lale.	Specify whether mighty occurred in moustat, in nome, of in Public Place.	
18. BURIAL, CREMATION, OR REMOVAL, Carsonbury, 920.	Manner of Injury	
Plece Illus Hell Om Dete 12 44- 1986	Neture of injury	
19. UNDERTAKER Will S. Many	24. Was disease or injury in eny wey releted to occupetion of deceesed?	
(Address) Leilman Leil	If so, specify	
wholed. 12, 1936 Harry Estedson	(Signed)	. D.
Registrar.	(Address)	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Request V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage JAN 3	July 5,1927	Peritonitis	3 days ago	
THE PEAN V. S. II				
Other contributory causes of importance:		Other contributory causes of importance:	1111	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUI	THER STATEMENTS BY PHYSICIAN
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mportance:

1 year

ICIAN

of OCCUPA-

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH

1. PLACE OF DEATH	<u>(59)</u>	
County Magnice	Registration Dist. No.	6
Village or City Alelma Ind		War
	If death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred yrs,mo	sds. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Daisy francis fran	If U. S. Veteran, specify WAR	
(a) Residence: No. Kellyman, And R. 7	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	28 102 G	
male white morner	(Month) (Day) (Yea	r)
5a. If marriad, widowad, or divorced HUSBAND or (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaased	froi
Julius H. Harrington	Julo 1936, to Dec 28 195	36
6. DATE OF BIRTH (month, day, and year) May 6 187 8	I last saw h alive on Au 2 4, 19; death in	s sai
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated ebove, at	
58   1 day,hrs	THE RICHARD CAUSE OF DEATH and landed Courses of Importance	
8 Trade profession or particular	Date of	onsei
SAWYER, BOOKKEEPER, etc.		2.00
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
SAW MILL, BANK, etc	-	
10. Date daceased last worked et this occupation (month end year) occupation (cupation work)		
year) occupation	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	7	
1 30 1 14 14 14	- I travile gampen	,
13. NAME The Street 14. BIRTHPLACE (city or town)	- Commande Vin	nh
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diegnosis? Was there an eutopsy?_	
15. MAIDEN NAME Sallie Affecture  16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOL ENCE) filt In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?	
(State or country) And argums.	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT July & Harrington	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) Allma, And 18. BURIAL, CREMATION, OR REMOVAL Burghel and		
011.	Manner of injury	
Place VS Community Date Like 30, 1956	Nature of injury	
19. UNDERTAKER DUG S. Margel	24. Was disaase or injury In eny wey related to occupation of daceased?	
(Address) Jellman Leiff	If so, spacify	
20 Alle, 29, 1936 Harry & Hudson	(Signed)	M. I
Registrar.	(Addrass) / Nort	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DUSE AU V. D.	1, 5			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

MARGIN RESERVED FOR BINDING

infor-	state	UPA-	
of	plu	200	
item	sho	of C	1
. Every	ICIANS	tement	
PD N	YS	sta	-
KECO	PH	Exact	
DING INK-THIS IS A PERMANENT RECORD. Every item of infor-	AGE should be stated EXACTLY. PHYSICIANS should state	so that it may be properly classified. Exact statement of OCCUPA-	
IS A PE	stated E	properly	ctions on back of certificate.
IIS	pe	pe	jo
TI	plno	may	back
NK	sh	it	n
I D	AGE	that	ons
	4	08	cti

STATE OF MARYLAND	CERTIFICATE OF DEATH 13034		
1. PLACE OF DEATH	92-0)		
County West miles	Registration Dist. No. 227		
Village or City of anticosic	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmo			
2. FULL NAME Salelle Harring	len		
(a) Residence: No. Mantieasel	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (garite the word)  The season of the	21. DATE OF DEATH  (Month)  (Day)  (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johnson Harrington	22. / 2 HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year)	I last saw h Palive on 12-24, 193 Gdeath Is said		
7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows		
8 Trade profession or particular	Chronic Endocodets Date of onset		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Muration: Liftean years Owill		
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) — Alise Tarrify  (State or country)	Other Contributory Causes of Importance:		
13. NAME to harles to result			
13. NAME Jackles Credital  14. BIRTHPLACE (city or town) Additional (State or country)	Neme of operation Date of		
15. MAIDEN NAME Tolikian of andrea	What test confirmed diagnosis? Was there en autopsy? Was there en autopsy?		
15. MAIDEN NAME TELISION SANANITA  16. BIRTHPLACE (city or town) - The place of the country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
17. INFORMANT Legalog Harrington (Address) Joseph Marring VI, V	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place of all white for white Date Mile of 19 19	Nature of injury.		
19. UNDERTAKER OF THE HOLD SHEET SEUR (Address)	24. Was disease or injury in any way related to occupation of debased?  If so, specify		
20. FILED Lec. 26 , 1936 P. Worlford Waller Registrar.	(Signed) Northwho ad M. I		
// Registrar.	(Viditess)		

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	Total Section 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
IDDITIONAL	OI MUL	T. OIL	T. OTCT IIII	DIMINITING	10 1	T TI T OTOTALIA

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13035
1. PLACE OF DEATH	(131)
County/Tilongula	Registration Dist. No. 33.3
Village or City Salurlary Ma	No. 4/7 Matella St., 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John J. Hitchens	If U. S. Veteran, Decify NAR
(a) Residence: No. 4/7 / Lapella	St. 5 Ward. Saluty Md
(Usual place of abode)	If nonresident rive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR JACE 5. SINGLE MARRIED, WHOOWED, OR DIVISION (write the word)	23. DATE OF DEATH Dee, 4 4 (Year)
5e. If merried, wildowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
May 12-1863	1 lest sew h all alive on Signature 3 1936 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at \$150 Pm.
71 6 8 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, Carpender SAWYER, BOOKKEEPER, etc.	Ohmis Brights Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date decessed lest worked et 11. Total-time (years)	
10. Date decessed lest worked et this occupation (month end / 93)  11. Total time (wars) spent if this occupation	
12. BIRTHPLACE (city or town) Mulesone	Other Contributory Causes of Importanca:
(Stete or county)	Thronic Brights Souri
E mel.	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Julia arren	23. If death was due to externel causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Julia Circy  16. BIRTHPLACE (alty or town) Parameter  (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Exa. V. I Attetula Salish	Where did Injury occur?  (Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BORNAL CREMATION, OR REMOVED BL. Dec 7, 136	Menner of injury
19. UNDERTAKER The state of the	24. Was disease or injury in any way releted to occupation of deceased?
20, FILED Dec 7, 1936 & May June	(Signed) W- W WAWLS M. D.  (Address) Related And
Registrar.	(AOOTESS)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 6 1837				
Other contributors causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	Maria and			

V. S. No. 1

1. PLACE OF DEATH	(99)
County Miconics	Registration Dist. No.
Village or City Salishury, Ind ( +1)	2 No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	nosde How long In U.S. if of foreign birth?yrsmosde
2. FULL NAME Formblin Pierce	off U. S. Veteran, specify WAR
(a) Residence: No. Salishum MA A	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Tale white infound	(Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of	
(or) WIFE of Sarah E. Joseph	22. I HEREBY CERTIFY. Thet I ettended deceased from 1936 to Dec. 30 1936
DATE OF DEPTH (mostly day and most of the 1944)	I lest sew have elive on Rec 30 ,1936; deeth is se
AGE Years Months Days It LESS than	
78 4 0 16 1 dey,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede profession or particular	were as follows: Date of one Date of one
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL.	
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MtLL, SAW MILL, BANK, etc  10. Date deceased last worked et	
10. Date deceased last worked at this occupy the (map h and year)	
	Other Contributory Causes of Importence:
2. BfRTHPLACE (city or town) (Stete or country)	•••••••••••••••••••••••••••••••••••••••
13. NAME 9-4 Be- 1	
- The state of the	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME	Whet test confirmed diagnosis?
	23. If death was due to external causes (VtDL ENCE) fill the etso the following:
16. BIRTHPLACE (city or lown) (State or county)	Accident, suicide, or homicide? Date of injury19
alai a al	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
INFORMANT (Address)	Opening migray occurred in imposing, in nome, of introduct reade,
BURIAL, CREMATION, OR REMOVAL & Harlicon, Ley	Menner of Injury
Place See Low Ser Dete Jan 2, 193	Neture of injury
UNDERTAKER TILL S. Informal	24. Was disease or injury in any way related to occupetion of deceesed?
(Address) Jelma, [ Celsaran	If so, specify
Alem 1 1930 Harry E Hudron	(Signed) It Gode Calo M.
Registrar,	(Address) Stranger dr

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are Weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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6	Example II	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Pefitonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onsel. The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Wie wie Co-	Registration Dist. No. 333
Village or City Salis buy W. D.	No Pour I sing Hooget . 13 Ward
	f death occurred in a hospital or institution, give its NAME instead of single and number)  s. ds. How long In U.S. if of foreign birth?
2. FULL NAME Balos It was Still	V Large
(a) Residence: No.	St., Ward. Snow Hill mg
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
5. DATE OF BIRTH (month, day, and year) Dec 3-, 1936	
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
1 dey. hrs. or. min.	The PRINCIPAL CAUSE OF DEATH and releted couses of Importance ware as follows:  Data of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Obstan (3 zers)
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate decaesad last worked at this occupation (month and spant in this occupation was part in the spant in	
12. BIRTHPLACE (city or town) a. Kalisbury	Other Ceatributory Causes of importance:
(State or country)	Daghun.
13. NAMEY retty wan 1 ing.  14. BIRTHPLACE (city or town). 9 92 -	
14. BIRTHPLACE (city or town) Sol	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Cosis Halas  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, 19,
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT And Her Hospital.	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place The Place Do Oate Dec 5, 19.3	Neture of injury
19. UNDERTAKER Souph. Pol. Haspital (actually Middless) Jalisbury, Mid.	24. Was disease or Injury in any way related to occupation of deceased?
20, FILEO Dec 6, 19 36 D. May Junes Resistrat,	(Signad) Olan Jelah Deed M.
4	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial wephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1937	July 5,1927	Peritonitis	3 days ago
BURGAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3039
1. PLACE OF DEATH	(101)	DU 0 (1
County Miconico	Registration Dist. No. 33	2
Village or City Willands Coulside	NoSt., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of rasidance in city or town where death occurred 21yrsmos		
2. FULL NAME W. Thomas dayl	If U. S. Veteran, specify WAR	
(a) Residence: No. Willand (Usual place of abode)	Ward. If nonresident give city or town and	l State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 6
HUSBAND of		(1441)
(or) WIFE of anne 6. daylon	1 HEREBY CERTIFY That I ettended	decassed from
DATE OF BIRTH (month, dey, and year) may 12. 1866	I last saw ham aliva on Dec 16 1936	daeth is said
AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, 10 m.	
70 6 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER.	0000	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Oate dacassad last worked at this prographing (month and	Through delastitud 19th	17/1
work was done, as SILK MILL SAW MILL, BANK, etc.	Life Comment	12/10
10. Oate dacaasad last worked at this occupation (month and year)		173
DIATURE LOT (city )	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) Moryland	( analoses	13/16/2
13. NAME Melvin Laylor  14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Dete of	
(State of country)	Whet tast confirmad diegnosis? Was there en	autopsy?
15. MAIDEN NAME Chorlett dewis  16. BIRTHPLACE (city or town)	23. If deeth was due to externel causes (VIOL ENCE) fill in also tha following	g:
16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicide? Date of injury	, 19
(Stete or country)	Whara did injury occur? (Specify city or town, county and Sta	te)
(Address) Willands M.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
B. BURIAL, CREMATION, OF REMOVAL Moste Dec 18 1936	Manner of injury	
O. UNDERTAKER M. Pasha Watson (Addrass)	Neture of Injury 24. Was disease or injury in eny way ralated to occupation of deceased?	
	II av. augitiv - //	

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Example I	~	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis IAN 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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193

That I attended deceased from

Date of

Was there an autopsy?\_

(Year)

Date of onset

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II		
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Chronic interstilide nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 6 1027				
Other contributory requises of importance:		Other contributory causes of importance:		
Gallstones V. S.	May 1,1923	Gastroenteritis	1 year	

Z

STATE OF MARYLAND	CERTIFICATE OF DEATH 13042
1. PLACE OF DEATH	son 7
County Milomila	Registration Dist. No. 333
Village or City Parsonshing Md.	St.,
	death occurred in a hospital or institution, give its NAME instead of street and number)  Ods. Yow long in U.S. if of foreign birth?
2. FULL NAME Margre May . Mur	ff J. S. Veteran, specify WAR
(a) Residence: No. Payermships Ma	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 10.0 of H
Temale While OB (Write the word)	(Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) March 17. 1924	Hest sew h. A selive on LOGE 7 1936; deeth is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the date stated above, et/2.3.7m.
12 8 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Beete Kephiles Brodonet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 Commologunation 1958
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest was ked-at this secretation (moth and	A
SAW MILL, BANK, etc	V
10. Dete deceased lest we ked at this occupation (maint) and 236 spent in this year)	
Pagnal	Other Contributory Casses of importence:
12. BIRTHPLACE (cify or town) (State or country)	Chiera + Oca
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	freeded girst
E Po	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME REPLACED Relley	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town).  (Stete or country)	Where dld injury occur?
the I mumbel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Parsoneling And	
18 BURIAL GREMATION, OR REPOYAL PROPERTY DEL 9 10 30	Manner of injury
Parting My. 1 +1	Neture of injury
19. UNDERTAKER JULIANA CO.	24. Was disease or injury In any way releted to occupation of deceased?
(Address) Salling mg	If so, specify
20. FILED DEC 9, 1936 St. May Issuell Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	J-CSIVED!	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 6 1937	July 5,1927	Peritonitis	3 days ago	
	BURFAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	
		1			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13040
County//webryce	Registration Dist. No. 333
Village or City Saliny Md	No. 1215 E. Church St., 5 Ward
Length of residence in city or town where death occurred.	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME andrew- Picke	If U. S. Veteran, specify WAB
121/- 8 //	St. 5 Ward. Salisher Ma
(a) Residence: No. /2/3 C. White (Usual place of abode)	If nonresident give city or tewn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE 5. GINGLE, MARRIED, WIDOWED, World Wo	21. DATE OF DEATH See, 10 H, 193 (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of July Pype Picke	1 HEREBY CERTIFY, That I ettended daceased from
6. DATE OF BIRTH (month, day, of year) time 27, 186	1 last saw h. Man alive on Loce . 9 156 , 1936; death is said
7. AGE Years   Months   Days   1f LESS than 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc	Cerebral hemorleages
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked et this occupation (month and	ille lirot 1913
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	also our about the. 1.
10. Data deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) John Coming.  (State or country)	Other Contributory Causes of importance:
13. NAME John Picken	
13. NAME The Telker  14. BIRTHPLACE (city or town) Action of (State or country)	Neme of oparation. Coul. Dete of. What tast confirmed diegnosis? Clinical Was there an autopsy? Lo
15. MAIDEN NAME Elay stelt Bell	23. If daeth was dua to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Clay afelt 13ell  16. BIRTHPLACE (city or lown) 2 et than 16 (State or county). 2 et than 16	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANTIM Lity Por Jickens	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL M Cata Dec. 12.93	Menner of injury
19. UNDERTAKER Hollary + G. (Address) Jaluty M.	24. Was disease or injury in any way related to occupetion of dacaased?
20. FILED DCC 12,19 3/6 &. May June Registrar.	v. (Signed) acception M. D.  (Address) Daliaberry, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

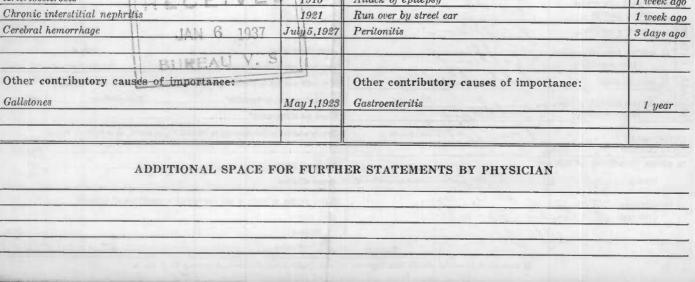
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage 1 1AN 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V.	S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH		93:20
County Wisomess		Registration Dist. No. 33/
Village or City Afmantica	sold a	No. St., Wal death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurred yrsmos	ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME & mma	D Moberla	on
(a) Residence: No. Af Man	(Usual place of abode)	St., Ward.  If nonresident give eity of town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Palentian.	22.   HEREBY CERTIFY. That I attended deceased from 1936 to the C ( 2 193
Contract of	10/10/2	I last sew her alive on Lee 6 19%; death is sa
. DATE OF BIRTH (month, day, and year)  AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 4 - m.
711	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	7   ormin.	were es follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ano.	Chronique and it; 15
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		frank in the second of the sec
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) Mardel	la Springs.	Other Contributory Causes of importance:
(State or country)	1919	
13. NAME AMA (14. BIRTHPLACE (city or town)	ranam	
(State or country)	f - 11	Name of operation Date of
(State of country)	acro cerany, ena	What test confirmed diagnosis? Was there an au'opsy 22
15. MAIDEN NAME THAT THE STATE OF COURTER STATE OF COURTE	Herenes +	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	nico y gounny	Accident, suicide, or homicide?, 19, 19, 19, 19
7. INFORMANT Affect Lee Mass	and V	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Guanties 8. BURIAL, CREMATION, OR REMOVAL	344	
N. T. m. MI	ater Dec 20 1936	Manner of injury
19. UNDERTAKER MAND WEMLISSIN	to & Sons	24. Was disease or injury in eny way related to occupation of deceased?
(Address) ( Ad sinatal, ell	41	If so, specify
20. FILED Dee/9, 1936 mis	X3 Walay	(Signed) Grand M. (Address) Scale Comments and

CTATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
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-	TIME	Υ.	Ex	
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L	SIS	sta	pro	faco 3
2	HI	ž	q	4
MAKGIN KESEKVED FOR BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	should be carefully supplied. AGE should be stated EXACTLY. PHY	OF DEATH in plain terms, so that it may be properly classified. Exact st	worm immortant Con instanctions on hash of contificate
内内の	G IN	GE 8	hat i	20
	DIN	L. A	so t	
AKG	INFA	pplied	erms,	-
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STATE OF N	MARYLAND—	CERTIFICATE OF DEATH 130	4.5
	-	Registration Dist. No. 333	, ——
Village or City Sharptown			Ward
	(If	NoSt.,	mber)
2. FULL NAME Lillie Ma	y Shiles	If U. S. Veteran, specify WAR	
(a) Residence: No. Sharptown	, Maryland sual place of abode)	St., Ward.  If nonresident give city or town and Si	ate
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
OR.	GLE, MARRIED, WIDOWED, DIVORCED (write the word) 100W	21. DATE OF DEATH (Month) (Bay)	193 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of John T. Shi	les	22. I HEREBY CERTIFY. That I attended de	ceased from
6. DATE OF BIRTH (month, day, end year) Feb.	27, 1872	last saw her elive on Dec 2 1936;	death Is seid
7. AGE Years Months 64 9 1	Days If LESS than 1 day,hrs.	to heve occurred on the dete stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	se work	were At 1016 ws:	Data of onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	home		
10. Date decessed lest worked et this occupation (month and year) UCL a Day 1936	11. Total time (years) spent in this life occupetion life		
12. BIRTHPLACE (city or town) Delaware (State or country)		Other Contributory Causes of Importance:	3
			~~~~~
13. NAME John Eli Robins 14. BIRTHPLACE (city or town) Wicomico (State or country) Maryland	County	Neme of operetion Dete of What test confirmed diagnosis? Wes there en eut	27/1
	lenry	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	opsy! A. C.e.
15. MAIDEN NAME Margaret H 16. BIRTHPLACE (city or town) (Stete or country) Delawa		Accident, suicide, or homicide? Dete of Injury	,
17. INFORMANT Mrs. Calvin K (Address) Sharptown, Ma	nowles rvland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε.
18. BURIAL, CREMATION, OR REMOVAL Place harptown, Md. Date		Menner of Injury	
19. UNDERTAKER J. J. Framptom (Address) Federalsburg,	& Son Varyland	24. Wes diseese or injury in eny way related to occupation of deceased?	
20. FILED Dec. 9, 1936 Mari	LE, Mann Registrar.	(Signed) (Address) Cellular Lil	ЭM. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example L		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis . 1883 5 3000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	-11			
Other contributory causes of importance:	a hand	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 13046
1. PLACE OF DEATH	(210°m)
county/Vicomula	Registration Dist. No. 333
Village or City Mar Fyuttar of	NoSt., /6 Ward
Langth of residence in city or town where death occurred 12-yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Sottie a. Smith	If U. S. Veteraw, smecify WAR
(a) Residence: No. P.O. #1.	St. 16 Ward Saluting Mid.
(Usual place of abode)	If nonesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. GOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Sec. 1) 1936 (Month) (Day) (Year)
7a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22.     HEREBY CERTIFY, Thet   attended deceased from
4.1.19 1917	lest saw h
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 0.30 Pm.
19 9 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	were as follows: Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was dona, as SILK MILL, at . Bake.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupated was many and the spent of this spent of this	
10. Oate deceased last worked at this occupated ment and 10. 193 spent in this occupated ment and 10. 193 occupation	
12. BIRTHPLACE (city or town) shad Point	Other Contributory Causes of importance:
(State or country) Md.	
II 13. NAME Carl M. Smith	
13. NAME (at M. )	Neme of operation Oete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lauch E. Stumble 16. BIRTHPLACE (city or town) Silvany (State or country)	23 If death was dua to external couses (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country)	Where did Injury occur? (Specify city or town, county and State) Specify whather Injury occurred In INOUSTRY, in HOME, of in PUBLIC PLACE.
17. INFORMANT	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) ( ) FT , Saladay ( ) 18-BURIAL CREMATION, OR JEMOUR (	Manner of Injury Mills Accident
Il stong therech lem pate / Cel 131036	Natura of injury The Relled or arowner,
Shad fount map 11.1	24. Wes disease opin ury in any way related to occupation of daceased?
19. UNDERTAKER Ablomy + Co. Saluty MG.	If so, specify
20, FILED Dec 13 1936 le May Turner	(Signed) White William (O. M. D.
Registrar.	(Address) International Control

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

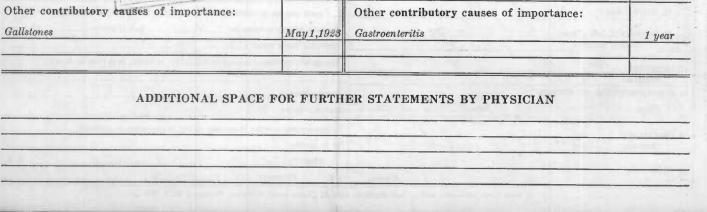
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11.5
County//commed	Registration Dist. No. 333
Village or City Salushey Md.	No. 19- Hyperlas St., S Ward
/ // (It	dealh occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Column S. Jumes	If U. S. Veteran, specify WAR
(a) Residence: No. Futnessation street	St., 9 Ward, Se Salutry Md
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
4. COLOR M. RACE SINGLE, MARRIED, WIDOWED, OP LIVORCED (white the word)	A. DATE OF BEATH AND 193
Make I man I Many.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIEY, That I attended deceased from
Comme 14, 12mile	Dec 8 ,136, 10 Dec 14 ,1986
6. DATE OF BIRTH (month, day, and year) Suly 7 18 79	I last saw h alive on De c 19 1930; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 1= 3.0.m.
62 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILLA- SAW MILL, BANK, etc.  10. Date deceased dest worked at this occord dest worked at this occord dest worked at so ent in this	1 Wemas 12-10.
9. Industry or business in which work was done, as SILK MILLAT- Shap yard. SAW MILL, BANK, etc	
SAW MILL, BANK, etc.	- Primary cause of the wernin & haguispe;
	deviation right day Volenty
year) 6ccupation 6ccupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	12-8-
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME MENT	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury, 19,
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANCIANO K, Smith	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) fritygate at Saluty 11	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place William Date	Nature of Injury
19. UNDERTAKER HILLSTOPY & G	24. Was disease or injury In any way related to occupation of deceased?
(Address) Sauth md	If so, specify
20 FILED Dec. 17 1937 / U. may Furner	(Signed) M. D
20. FILED Registrar.	(Address) Dalishus M.
If more blanks are needed, address State Revistrar	, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

pal cause of death and related causes nee were as follows:  pilepsy street car 1 week ago 3 days ago
street car 1 week ago
- 3 days ago
ributory causes of importance:

Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
Ottotomoo	Muy 1,1320	Court deliter it is	1 year
A D D I M O D A CI	TOD DUDMI	THE OF LANDAUGE DAY DAY DAY OF CALLS	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	,

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF of plnods Registration Dist No. item Village or City jo (If death occurred in a hospital or institution give its NAME instead of street and number) How long in U.S. if of Toreign birth? Length of residence in city or town where death occurred statement U. S. Veteran, pecify 2. FULL NAME If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OBORACE 5. SINGLE, MARRIED, WIDOWED. DONCED (write the ANENT (Month) ssified. BINDING Sa. If married, widowed\_oc divorced HUSBAND HEREBY CERTIFY. That I attended deceased from (or) WIFE of × certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Yeers Months Days to have occurred on the date stated ebove, at FOR 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or\_\_\_\_min. were es follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED pe Jo SAWYER, BOOKKEEPER, etc... back 9. Industry or business In which work was done, as SILK MILL, may should SAW MILL, BANK, etc., 11. Total time (years)
spent in this 10. Date deceased lest worked at on that occupation \_. instructions 80 ARGIN (State or country) terms, ER 13. NAME FATHE See Neme of operation. 14. BIRTHPLACE (city or town plain (State or country What test confirmed diagnosis?\_ carefully MOTHER 23. If death was due to externel causes (VIOLENCE) fill in also the following: important in DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 17. INFORMAN plnods (Address) OF 18. BURTAL. REMATION OR Manner of Injury CAUSE mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? If so, specify m (Signed) Registrar. (Address)

(Yeer)

Date of onset

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 6 1937			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

18 BURTE

(Addrass)

MOTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or (State or country

> Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Memmer of injury

Where did injury occur? ...

24 Was disease or injury in any way ralated to occupation of decaased? If so, specify

Registrar.

(Signed) (Address)

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accidant, sulcide, or homicide? ..... Oate of Injury .....

(Specify city or town, county and State)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1910	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
, valuv. s.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

IARGIN RESERVED FOR BINDING

# STATE OF MARYLAND—CERTIFICATE OF DEATH

-0	1.	12	Ber	4 %
1	3	U	0	U

1. PLACE OF DEATH		(5)
County Lizeomico		Registration Dist. No. 333
Village or City Hear Salisbu	1/	No. A. H. D. H. J. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca in city or town where daeth occurrad Tyy	rsmos.	ds. How long in U.S. if of foreign birth?yrs,mosds,
2. FULL NAME / Loah Sill &	filigh	If U. S. Veteran, specify WAR
(Usual place of abo	de/	R.F.S 4 If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (wr This down)	rice tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Linginia I, Sh	ort	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year)	1864	I last saw h. Zaga aliva on LOCC 29 1936; doath is said
70 10	If LESS than day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	)	Date of onset
12. BIRTHPLACE (city or town) Man Salisbu (State or country) Maryland,	his I	Other Contributory Causes of Importance:  halistellis welliste 3
13. NAME Noah Jemon Selgh 14. BIRTHPLACE (city or town) - Near Saliston (State or country) Marylan	I.	Name of operation Deta of
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)  17. INFORMANT  (Addrass)  (Addrass)	lury rlow-	23. If death wes due to external causes (VIOLENCE) fill In also the following:  Accidant, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Jucomics Co. Mg. Place Unian Cens, Md. Detofar.	2 - 3 8	Manner of injury
19. UNDERTAKER The Hill & Johnson (Address) Balishay my	de umer	24. Was disease or injury in any way related to occupation of deceased?  If so, spacify  (Signed) M. D.
1. 11.	Registrar.	(Address) Selection, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 188	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	Decitation District
County Wiczonijes	Registration Dist. No. 300
Village or City Lalisbury	No. Text Xerr Cospilal St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	os
2. FULL NAME Clave Xertrude Jour	usend
(a) Residence: No.	St., Ward. Georgelown, Del.
(Usual place of abode)	If ponresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX  4. COLOR OR RACE  OR DIVORCED (winte the word)  Manuel	21. DATE OF DEATH  (Month)  (Day)  (Year)
50. If merried, widowed, or divorced HUSBAND of (or) WIFE of A. Journsend.	22. I HEREBY CERTIFY. That t ettended daceased from Local 18, 1936 to Local 29, 1936
6. DATE OF BIRTH (month, day, end yeer) Par 11-1878	1 last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, et . 925 PM,
5-8 // /8 1 day,hrs	mara as delignos.
8 Trade profession or particular	Uate of oneet
SAWYER, BOOKKEEPER, etc.	Deubelis heellater 1920
9. Industry or business in which work was done, es SILK MILL, Louisewife SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked at Dec // 11. Totat time (yeers) this occupetion (month end yeer) occupetion	
12. BIRTHPLACE (city or town) Cherry Hill	Other Coutributory Causes of importence:
(State or country)	
13. NAME William : Xyrant	
13. NAME William . XIrant  14. BIRTHPLACE (city or town)	Neme of operation Dete of What test confirmed diagnosis? See Was there an autopsy?
15. MAIDEN NAME Mary L. Sproat	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete er country) Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT La Plownsend. (Address) Leage Lown, Del.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place All Marketin Date 1,190,	Nature of injury
19. UNDERTAKER 25 Pasha Hatson (Address) Selbyville, Sel	24. Was disease or Injury in any way releted to occupation of deceased?
20. FILED Dec 30, 1936 De May Turner Resistrat.	(Signed) Merchanis M. D. (Address) Schieberry L.
If more blanks are needed, address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
of importance were as follows:  Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUKEAU V. S	•			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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importance:

1 week age
3 days ago

importance:

1 year

V. S. No. 1

HS IS A PERMANENT PACCAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	of certificate.
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT EXCORD. Every item of infor-	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	-TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-C	FRTIFIC	CATE	OF	DEATH
SIAIL		IVIAINIL	JUND C			VI	DEALL

1	",	18	E.	1)
J	U	U	D	2

1. PLACE OF DEATH	
County MIOMIPL	Registration Dist. No. 303
Village or City Saliabuil	No. VIG Med Ver St., 13 Ward
Length of residence in city or town where deeth occurred 35 yrs, wmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME anil) C. Haller	If U. S. Veteran, specify WAR
E. C. Y.	St. 13 Ward.
(a) Residence: No. 1/9 New Con (Usual place of abode)	St., Wald.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of J. XXXIII.	22. I HEREBY CERTIFY Thet I attended deceased from 1933 to 26 1936
6. DATE OF BIRTH (month, day, and year) June 1 75. 1853.	I last saw h an alive on Dee 1 5 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
83 3 1 1 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of importance ware as follows:  Oate of onset
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Epilleliona of left cleak 1926
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK Mill, SAW MILL, BANK, atc.  10. Date dacaased last worked et this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME James M. Maris	1 1
13. NAME James M. Maris  14. BIRTHPLACE (city or town) Aff	Neme of operation Dete of
(Siela di country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME SILLE (1. Nuxpergor)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Salle A: Kuxfingson  16. BIRTHPLACE (city or town)  (Stata or country)	Accidant, suicide, or homicide? Date of injury, 19
My A Dk A M	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Salashand, Dist	Specify whether injury occurred in INCOSTAT, in Home, of the Cobile Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place (1812), 1/14. Oata 11. 18. 18. 19.	Nature of injury
19, UNDERTAKER The Thill A JENSON Co.,	24. Wes disease or injury In eny way related to occupation of deceesed
(Address) Sklizhung, M.	If so, spacify
20. FILED Dec 18, 19 36 J. May Jumes	(Signed) M. D.
Registrar.	(Addrass)

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones V. S.	May 1,1923	Gastroenteritis	1 year
Tells of the second			
1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County Wicomico	Registration Dist. No. 333
Village or City allen	No. St., / Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Leslie Littleton II	hters If U. S. Veteran, specify WAR
(a) Residence: No. allen md	St., / Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) May 5, 1936	1 last saw h alive on Dev 2 7, 19 6 death is said
7. AGE Years Months Gays It LESS then	to have occurred on the date stated above, at
7.   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	199-10
SAWYER, BOOKKEEPER, etc.	Allo-Calities 1/1-
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
Spail in this	
year) occupation	Other Contributary Causes of importance;
12. BIRTHPLACE (city or town) allabury (State or country) Massacket	1927
	Towns in News
14. BIRTHPLACE (city or town) (State or country) Angel (see	Neme of operation Oete of
E 15. MAIDEN NAME Edith Joshes	What test confirmed diegnosis?
15. MAIDEN NAME Edith Jordes  16. BIRTHPLACE (city or town) - Frankland	Accident, suicide, or homicide?
E (State or country) Maryland	Where did Injury occur?
17. INFORMANT Oscar Waters (Address) allen må	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMETION OF RESTOURNY and	Menner of injury
Place Well Control Oate Well 24, 19 3	Neture of injury
19. UNDERTAKER James Hy Slewart	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Sales Lung and	If so, specify
20. FILED Dec 24, 1936 & May Junes	(Signed) M. D.
Registrar.	(Address)/ Y Clarent J J J

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No/1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			, w
			TO STATE OF

authorisation ADDI	TIONAL SPACE FOR FURTHE	ER STATEMENTS BY PHYSICIAN	1/19/36
	8		

2

BINDING MARGIN RESERVED

(Year)

Oate of onset

Thet I attended dacaasad from

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 6 1937			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
- Sent and the sent of the sen			
	i i		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

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Example I	-	Example II	THE STATE OF
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Liconics	Registration Dist. No. 333
Village or City Salishung	No. 130 94. Xoust St., 13 Ward
Length of residence in city or town where deeth occurred 19 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Belle 1: Hile)	If U. S. Veteran, Specify WAR
(a) Residence: No. 130 21. Xoust	St. 13 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Lenale 2 Like 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Jalley 21. Thire	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) March 9, 1849.	Hest sew hale alive on Sac 19 , 1936; deeth is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, et 3.50 Åm.
87 9 // 1day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, W Kamel	Walvulan Heart Sisene authon
RING OF WORK done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last workad at this occupation (month and	Chrones repliete alm
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) As A Turning (State or country)	Other Contributory Causes of Importance:
The state of the s	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diegnosis? Was there an eutopsy?
(State of country)	
15. MAIDEN NAME advisse Brooks	What test confirmed diegnosis? Was there an eutopsy?  23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
15. MAIDEN NAME Advisse Brooks  16. BIRTHPLACE (city or town)	What test confirmed diegnosis? Was there an eutopsy? 23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury 19
15. MAIOEN NAME Advisor Dearly  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT 21: 21: 21 Like 1 1	What test confirmed diegnosis?
15. MAIOEN NAME Advisor Dearly  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT 21. 21. 21. 21. 21. 21. (Address) Carson), May	What test confirmed diegnosis?
15. MAIOEN NAME Advisor Dearly  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT 21. 21. 21. 21. 21. 21. (Address) Carson), May	What test confirmed diegnosis?
15. MAIOEN NAME Advisor Brooks  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  LANGER A CONSTRUCT Salishungte  19. UNDERTAKER The Mill K Missay  19. UNDERTAKER The Mill K Missay  19. UNDERTAKER The Mill K Missay  10.	What test confirmed diegnosis? Was there an eutopsy? 23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury , 19  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Natura of injury  Natura of injury In eny way related to occupation of daceased?

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral, hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1AN 6 7937				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF	MARYL	AND-CERT	<b>IFICATE</b>	OF	DEATH

1	"	(1	E	7
1	()	U	J	4

1. PLACE OF DEATH		- (82-7a)	
County Strevmen	•	Registration Dist. No.	30
Village or City Mardel	2	NoSt.,	Ward
Langth of residence in city or town where death	accurrent 15 vrs mos	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. If of foreign birth?yrs	number)
	PINIL		mosos.
2. FULL NAME Orland	1. Suchus	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town as	d State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	IN DIEIC
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	,
M. Ithite	DR DIVORCED (write the word)		, 193
5a. If marriad, widowed, or divorced	1141111111	(Month) (Day)	(Year)
HUSBAND of Hettie Venal	les Wilkinson	22. 12/HEREBY GERTIFY. That Lettende	d deceased from
6. DATE OF BIRTH (month, day, and year)	7 1882	1 last saw h. M. alive on 12/15/56 19	: death is said
7. AGE Years   Months	Days If LESS than	to have occurred on the date stated above, at 3m.	
54 3	3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular 00	1 5	were as follows:	Date of onset
kind of work done, as SPINNER. SAWYER, BDDKKEEPER, atc.	It Manfactors	Willet Rumby.	12/3/3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at			-11
SAW MILL, BANK, etc.	1 T	Mork	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this		
your)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country),	-		
	6013		
13. NAME TEPLICE  14. BIRTHPLACE (city or town)	alkinson	122	
14. BIRTHPLACE (city or town) (State or country)	\s\d	Name of operation Date of.	
	(2 - 0 p	What test confirmed diagnosis? 9.0 Was there an	
15. MAIDEN NAME CONTROL OF TOWN)  16. BIRTHPLACE (city or town)	Sall	23. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	NOT:	Where did injury occur? (Specify city or town, county and St	ata)
17. INFORMANT Dalheren 1	likusou	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
(Address) Pracele 18. BURIAL, CREMATION, OR REMOVAL	u .		
Place Mardela D	ate Dec 13 1936	Manner of Injury	
71 A.C	,1536	Natura of injury	6/
19. UNDERTAKER DI. No gran	venor 41 dos	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Mark	many ma	If so, spacify	
20. FILED 300 19 Justel		Cinned // ///// ////	M D
20.11.20	Dry H. Registrar.	(Signad)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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28	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1021	Run over by street car	1 week ago
July 5 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 3 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1021 Run over by street car  Julyo 1927 Perilonitis  Other contributory causes of importance:

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

STATE C	F MARYLAND-	CERTIFICATE	OF DEA	TH 1	3058
1. PLACE OF DEATH		(81)			/
County Wicomu	CO		Registration	Dist. No.	337
Village or City White N	aven	No.		St.,	Ward
Length of residence in city or town where o		death occurred in a hospital or institu			
. 9	1 0 4		or roleigh bilth:	yıs	_11103us.
2. FULL NAME Jaure	e William				
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident	give city or town	and State
PERSONAL AND STATIST		MEDICAL C	ERTIFICATE		
3. SEX Temals white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	/ 2 - (Month)	7 (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank	Williams	22. ALHEREBY	CERTIF	Y, That I attend	ed deceased from
6. DATE OF BIRTH (month, day, end year) Le	6.16. 1874	I last saw h	12-5	19,3	C: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date state	ed abova, at	+	
62 10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related caus	es of importance	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House work	Bulles			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Jona	lyse	<b></b>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) Previous (State or country)	cess anne.	Other Coutributory Causes of Impo	ortence:		
1 / /	water to.				
13. NAME  14. BIRTHPLACE (city or town)  State of country)	metaet lo.	Name of operation		Date o	7 2 3
(State or country)	a.	What test confirmed diagnosis?			
15. MAIDEN NAME	hanor	23. If death was due to external car			
16. BIRTHPLACE (city or town)	210000	Accident, suicide, or homicide?			
(State or country)		Where did injury occur?			
17. INFORMANT Sam U (Address) White	Hoven me	Specify whether injury occurred I		town, county and ME, or in PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL Place Mt Vernor	- Date Dec 8 1931	Manner of injury			
19. UNDERTAKER Dale Do (Address) Dincess	shell and	24. Was disease or Injury in any w	way related to occup	ation of deceased?	
20. FILED Dec. 7 , 19.36 S.	Worlford all	(Signed) O	hund	wife	S. M. D
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, R	equesting V. S. No.	I.	

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 5	July 5,1927	Peritonitis	3 days ago	
THE REAL V. S.				
Other contributory causes of importance:		Other contributory causes of importances		
Gallstones	May 1,1923	Gastroenteritis •	1 year	